Recommendations for Preventive Pediatric Health Care (RE9535)

Committee on Practice and Ambulatory Medicine

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Careare designed for the care of children who are receiving competent parenting, have no manifestations of any importanthealth problems, and are growing and developing in satisfactory fashion. Additional visits may become neces-saryif circumstances suggest variations from normal.

These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes thegreat importance of continuity of carein comprehensive health supervision and the need to avoid fragmenta-tion of care.

PERIODICITY SCHEDULE (effective Date of Service 10/1/05)

	INFANCY								EARLY CHILDHOOD					MIDDLE CHILDHOOD				ADOLESCENCE										
Screen Sequence Number	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
AGE[5]	Newborn[2]	2 days to 4 days[3]	By 1 mo	2 to 4 mo	4 to 6 mo	6 to 9 mo	9 to 12 mo	12 to 15 mo	15 to 18 mo	18 mo to 2 yrs	2 to 3 yrs	3 to 4 yrs	4 to 5 yrs	5 to 6 yrs	6 to 8 yrs	8 to 10 yrs	10 to 11 yrs	11 to 12 yrs	12 to 13 yrs	13 to 14 yrs	14 to 15 yrs	15 to 16 yrs	16 to 17 yrs	17 to 18 yrs	18 to 19 yrs	19 to 20 yrs	20 to 21 yrs	21 to 21 yrs, 30 d
HISTORY																												
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																												
Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●	●	●																	
Blood Pressure												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																												
Vision	S	S	S	S	S	S	S	S	S	S	S	O[6]	O	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S
Hearing	O[7]	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	S	O	S	S	O	S	S	O	O	S	S
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT[8]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[9]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES- GENERAL[10]																												
Hereditary/Metabolic Screening[11]	◄	●	►																									
Immunization[12]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[13]							●	►	*					►				◄		●[14]								►
Urinalysis														●				◄					●[15]					►
PROCEDURES- PATIENTS AT RISK																												
Lead Screening[16]							●	►			●																	
Tuberculin Test[17]								*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Cholesterol Screening[18]											*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
STD Screening[19]																		*	*	*	*	*	*	*	*	*	*	*
Pelvic Exam[20]																		*	*	*	*	*	*	*	*	◄●►[20]	*	*
ANTICIPATORY GUIDANCE[21]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Injury Prevention[22]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Violence Prevention[23]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sleep Positioning Counseling[24]	●	●	●	●	●	●																						
Nutrition Counseling[25]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
DENTAL REFERRAL[26]								◄				●																

Key
● = to be performed
O = objective, by a standard testing method
S = subjective, by history
* = to be performed for patients at risk
◄●► the range during which a service may be provided, with the dot indicating the preferred age

NB: Special chemical, immunologic, and endocrine testing is usually carried out upon specific indications. Testing other than newborn (eg, inbornerrors of metabolism, sickle disease, etc) is discretionary with the physician.The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into accountindividual circumstances, may be appropriate.

FOOTNOTES

1. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (1996).
2. Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged and instruction and support offered. Every breastfeeding infant should have an evaluation 48-72 hours after discharge from the hospital to include weight, formal breastfeeding evaluation, encouragement, and instruction as recommended in the AAP statement "Breastfeeding and the Use of Human Milk" (1997).
3. For newborns discharged in less than 48 hours after delivery per AAP statement "Hospital Stay for Healthy Term Newborns" (1995).
4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
6. If the patient is uncooperative, prescreen within 6 months.
7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing statement, "Newborn and Infant Hearing Loss: Detection and Intervention" (1999).
8. By history and appropriate physical examination: if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
10. These may be modified, depending upon entry point into schedule and individual need.
11. Metabolic screening (eg, thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
12. Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of Pediatrics. Every visit should be an opportunity to update and complete a child's immunizations.
13. See AAP Pediatric Nutrition Handbook (1998) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (eg, premature infants and low birth weight infants). See also "Recommendations to Prevent and Control Iron Deficiency in the United States. MMWR.1998;47(RR-3):1-29.
14. All menstruating adolescents should be screened annually.
15. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
16. For children at risk of lead exposure consult the AAP statement "Screening for Elevated Blood Levels" (1998). Additionally, screening should be done in accordance with state law where applicable.
17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of Red Book: Report of the Committee on Infectious Diseases. Testing should be done upon recognition of high-risk factors.
18. Cholesterol screening for high-risk patients per AAP statement "Cholesterol in Childhood" (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
19. All sexually active patients should be screened for sexually transmitted diseases (STDs).
20. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
21. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP Guidelines for Health Supervision III (1998).
22. From birth to age 12, refer to the AAP injury prevention program (TIPP®) as described in A Guide to Safety Counseling in Office Practice (1994).
23. Violence prevention and management for all patients per AAP Statement "The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level" (1999).
24. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement "Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position" (2000).
25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP Handbook of Nutrition (1998).
26. Earlier initial dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist.

	INFANCY							
Screen Sequence Number	0	1	2	3	4	5	6	7
AGE[5]	Newborn[2]	2 days to 4 days[3]	By 1 mo	2 to 4 mo	4 to 6 mo	6 to 9 mo	9 to 12 mo	12 to 15 mo
HISTORY								
Initial/Interval	●	●	●	●	●	●	●	●
MEASUREMENTS								
Height and Weight	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●
Blood Pressure								
SENSORY SCREENING								
Vision	S	S	S	S	S	S	S	S
Hearing	O[7]	S	S	S	S	S	S	S
DEVELOPMENTAL/								
BEHAVIORAL ASSESSMENT[8]	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[9]	●	●	●	●	●	●	●	●
PROCEDURES- GENERAL[10]								
Hereditary/Metabolic Screening[11]	◄	●	►					
Immunization[12]	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[13]							●	
Urinalysis							→	
PROCEDURES- PATIENTS AT RISK								
Lead Screening[16]							●	→
Tuberculin Test[17]								*
Cholesterol Screening[18]								
STD Screening[19]								
Pelvic Exam[20]								
ANTICIPATORY GUIDANCE[21]	●	●	●	●	●	●	●	●
Injury Prevention[22]	●	●	●	●	●	●	●	●
Violence Prevention[23]	●	●	●	●	●	●	●	●
Sleep Positioning Counseling[24]	●	●	●	●	●	●		
Nutrition Counseling[25]	●	●	●	●	●	●	●	●
DENTAL REFERRAL[26]								←

	EARLY CHILDHOOD				
Screen Sequence Number	8	9	10	11	12
AGE[5]	15 to 18 mo	18 mo to 2 yrs	2 to 3 yrs	3 to 4 yrs	4 to 5 yrs
HISTORY					
Initial/Interval	●	●	●	●	●
MEASUREMENTS					
Height and Weight	●	●	●	●	●
Head Circumference	●	●	●		
Blood Pressure				●	●
SENSORY SCREENING					
Vision	S	S	S	O[6]	O
Hearing	S	S	S	S	O
DEVELOPMENTAL/					
BEHAVIORAL ASSESSMENT[8]	●	●	●	●	●
PHYSICAL EXAMINATION[9]	●	●	●	●	●
PROCEDURES- GENERAL[10]					
Hereditary/Metabolic Screening[11]					
Immunization[12]	●	●	●	●	●
Hematocrit or Hemoglobin[13]	* ←	—	—	—	→
Urinalysis					
PROCEDURES- PATIENTS AT RISK					
Lead Screening[16]			●		
Tuberculin Test[17]	*	*	*	*	*
Cholesterol Screening[18]			*	*	*
STD Screening[19]					
Pelvic Exam[20]					
ANTICIPATORY GUIDANCE[21]	●	●	●	●	●
Injury Prevention[22]	●	●	●	●	●
Violence Prevention[23]	●	●	●	●	●
Sleep Positioning Counseling[24]					
Nutrition Counseling[25]	●	●	●	●	●
DENTAL REFERRAL[26]	←	—	—	●	

	MIDDLE CHILDHOOD			
Screen Sequence Number	13	14	15	16
AGE[5]	5 to 6 yrs	6 to 8 yrs	8 to 10 yrs	10 to 11 yrs
HISTORY				
Initial/Interval	●	●	●	●
MEASUREMENTS				
Height and Weight	●	●	●	●
Head Circumference				
Blood Pressure	●	●	●	●
SENSORY SCREENING				
Vision	O	O	O	O
Hearing	O	O	O	O
DEVELOPMENTAL/				
BEHAVIORAL ASSESSMENT[8]	●	●	●	●
PHYSICAL EXAMINATION[9]	●	●	●	●
PROCEDURES- GENERAL[10]				
Hereditary/Metabolic Screening[11]				
Immunization[12]	●	●	●	●
Hematocrit or Hemoglobin[13]	→			
Urinalysis	●			
PROCEDURES- PATIENTS AT RISK				
Lead Screening[16]				
Tuberculin Test[17]	*	*	*	*
Cholesterol Screening[18]	*	*	*	*
STD Screening[19]				
Pelvic Exam[20]				
ANTICIPATORY GUIDANCE[21]	●	●	●	●
Injury Prevention[22]	●	●	●	●
Violence Prevention[23]	●	●	●	●
Sleep Positioning Counseling[24]				
Nutrition Counseling[25]	●	●	●	●
DENTAL REFERRAL[26]				

	ADOLESCENCE										
Screen Sequence Number	17	18	19	20	21	22	23	24	25	26	27
AGE[5]	11 to 12 yrs	12 to 13 yrs	13 to 14 yrs	14 to 15 yrs	15 to 16 yrs	16 to 17 yrs	17 to 18 yrs	18 to 19 yrs	19 to 20 yrs	20 to 21 yrs	21 to 21 yrs, 30 d
HISTORY											
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS											
Height and Weight	●	●	●	●	●	●	●	●	●	●	●
Head Circumference											
Blood Pressure	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING											
Vision	S	O	S	S	O	S	S	O	S	S	S
Hearing	S	O	S	S	O	S	S	O	O	S	S
DEVELOPMENTAL/											
BEHAVIORAL ASSESSMENT[8]	●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[9]	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES- GENERAL[10]											
Hereditary/Metabolic Screening[11]											
Immunization[12]	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[13]	◄	—	●[14]	—	—	—	—	—	—	—	►
Urinalysis	◄	—	—	—	—	●[15]	—	—	—	—	►
PROCEDURES- PATIENTS AT RISK											
Lead Screening[16]											
Tuberculin Test[17]	*	*	*	*	*	*	*	*	*	*	*
Cholesterol Screening[18]	*	*	*	*	*	*	*	*	*	*	*
STD Screening[19]	*	*	*	*	*	*	*	*	*	*	*
Pelvic Exam[20]	*	*	*	*	*	*	*	◄	*[20]	*	► *
ANTICIPATORY GUIDANCE[21]	●	●	●	●	●	●	●	●	●	●	●
Injury Prevention[22]	●	●	●	●	●	●	●	●	●	●	●
Violence Prevention[23]	●	●	●	●	●	●	●	●	●	●	●
Sleep Positioning Counseling[24]											
Nutrition Counseling[25]	●	●	●	●	●	●	●	●	●	●	●
DENTAL REFERRAL[26]											